



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

100 N. Senate Avenue • Indianapolis, IN 46204
(800) 451-6027 • (317) 232-8603 • www.idem.IN.gov

Eric J. Holcomb
Governor

Bruno L. Pigott
Commissioner

January 23, 2017

VIA CERTIFIED MAIL

7016 2140 0000 9305 6039

Mr. Perry Mullis
Mullis Petroleum
1001 J Street
Bedford, IN 47421

Dear Mr. Mullis:

Re: **Further Site Investigation Request**
Allen Automotive
1423 L Street
Bedford, Lawrence County, IN 47421
FID #11931
LUST #201610513

IDEM staff reviewed the file pertaining to a release of petroleum product for the Allen Automotive facility located at 1423 L Street, in Bedford, Indiana. The following document was reviewed:

- Initial Site Characterization (ISC) Report, prepared by Golars, dated December 19, 2016

As a result of the review, IDEM has determined that the initial site characterization (ISC) is incomplete according to the requirements of 329 IAC 9-5-5.1 and) you must conduct a further site investigation (FSI) in order to fully delineate the nature and extent of contamination in accordance with IC 13-23 and 329 IAC 9-5-6. **You must submit the FSI report to IDEM on or before October 17, 2017.** All FSI reports must be submitted in the FSI Report Format and include an FSI Cover Sheet for IDEM to complete their review. The FSI Report Format and Cover Sheet are available on the IDEM website forms page at <http://www.in.gov/idem/5157.htm>.

Please note that releases requiring an FSI per 329 IAC 9-5-6 to complete site characterization will be given a deadline 365 days from the date the release was confirmed to determine the full nature and extent of soil and ground water contamination and submit documentation to IDEM. If delineation requires more than one mobilization and sampling event, interim report submittal and IDEM review is not required. I am the IDEM project manager assigned to your site and will be available to provide informal guidance via telephone, email, or on-site support during the step out process. The owner should continue with delineation until the delineation process is completed and a

report is submitted within the 365 day deadline set by IDEM. IDEM is requesting one comprehensive FSI report. Failure to submit required documentation delineating the release may result in a referral to the office of enforcement.

The comments listed below must be addressed in the FSI before characterization can be considered complete. You should refer to the Remediation Closure Guide, March 22, 2012, when conducting and reporting these activities. This non-rule policy document is available at the web address, www.in.gov/idem/landquality/2342.htm or can be obtained by calling (317) 232-8900.

Comments

1. Groundwater sample B-3 contained concentrations of Methyl-tertiary-butyl-ether (MTBE), 1-methylnaphthalene, 2-methylnaphthalene, and naphthalene above their Remediation Closure Guide (RCG) Residential Groundwater Tap Screening Levels (GWSLs). Further horizontal delineation of groundwater is necessary. Due to the shallow occurrence of bedrock prone to karst development, future investigations need to be performed per IDEM's Technical Guidance Document "Proper Investigative Techniques in Karst". This guidance is available at http://www.in.gov/idem/cleanups/files/remediation_tech_guidance_karst.pdf.
2. The laboratory report met the IDEM Minimum Data Documentation Requirements (MDDRs). This level of analytical documentation is acceptable for monitoring level results. However, since the results indicate that the soil contamination is defined, full Quality Assurance/Quality Control (QA/QC) documentation must be provided for validation before the soil characterization can be considered complete. Full QA/QC documentation is defined in Section 3.9.1 of the RCG, and on the web at http://www.in.gov/idem/cleanups/files/remediation_closure_guide.pdf.
3. Soil contamination at the site appears to be defined. All soil contaminant concentrations were below their RCG Residential Soil Screening Levels (RSSLs). However additional analytical documentation must be provided before the soil is considered characterized.

Conclusions

Soil contamination will be considered complete once the appropriate QA/QC documentation is provided and validated by an IDEM chemist.

Additional investigation of the groundwater is needed. The FSI proposed in the ISC is acceptable but may need modification. The proposed monitoring well locations may need to be revised to be in accordance with IDEM's Technical Guidance Document "Proper Investigative Techniques in Karst".


The requested information should be submitted following the OLQ Document Submittal Guidelines found at www.in.gov/idem/landquality/2368.htm. For more

information regarding document and data submittal guidelines, sampling and analysis requirements or technical information, visit the LUST Home Page at www.in.gov/idem/landquality/2342.htm or contact the site project manager. Please submit all items to the following address:

Indiana Department of Environmental Management
Underground Storage Tank Branch
Leaking Underground Storage Tank Section
IGCN 1101
100 North Senate Avenue
Indianapolis, IN 46204-2251

If you have any questions, please contact me at (317) 234-9561 or toll free from within Indiana at (800) 451-6027. I can also be reached at: jmurdoch@idem.IN.gov.

Sincerely,



Jason Murdoch
Environmental Project Manager
Leaking Underground Storage Tank Section
Underground Storage Tank Branch
Office of Land Quality

ecopy: IDEM File

Anthony Nickels, Golars Environmental and Remediation Services



INITIAL SITE CHARACTERIZATION (ISC) CHECKLIST

State Form 55440 (11-13)

329 IAC 9-5-5.1

Indiana Department of Environmental Management
Office of Land Quality

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT
Attention: Leaking UST Section
Office of Land Quality
100 N. Senate Ave., MC 67-18, IGCN 1101
Indianapolis, IN 46204-2251
Phone number: (317) 232-8900

INSTRUCTIONS:

1. The purpose of this form is to create consistency and to ensure the submittal of all information required by 329 IAC 9-5-5.1 for an Initial Site Characterization (ISC). The ISC must be submitted within sixty (60) days of release reporting.
2. Completion of this form is mandatory and should be submitted along with your ISC Report Cover Sheet & Report Format state form 55439. You may complete this form electronically; however, a paper copy of this form must accompany the Initial Site Characterization report.
3. This form must be signed by a certified environmental professional as prescribed by 329 IAC 9.

A. FACILITY INFORMATION

Facility Name: Aubrey's Automotive	Facility ID Number: 11913	
LUST Incident Number(s): 2016-10-513		
Street Address: 1432 L Street		
City: Bedford	County: Lawrence	ZIP Code: 47421

B. ISC REVIEW CHECKLIST

S : SUBMITTED	N : NOT SUBMITTED	I : INADEQUATE	A : ADEQUATE
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The environmental professional should check the boxes to the left of the descriptions indicating if the required information was submitted with the ISC report. If the information was not submitted with the ISC, the environmental professional should provide a brief narrative in Section C indicating why the information is not included with the report. Failure to submit required information may result in a referral to IDEM Enforcement. IDEM Staff will complete the adequacy columns located to the right of the descriptions. Additionally, per 329 IAC 1-3-3 if required information outlined in 329 IAC 9-5-5.1 is not completed and submitted to the department within ninety (90) days of release reporting your ELTF Eligibility will be reduced.

S	N	1. BACKGROUND INFORMATION	I	A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Owner/Operator name & address	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Past Owner/Operators	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Facility name, address & phone number	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Type of facility, past and present operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. Previous spill history	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. Site proximity to sensitive areas	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. Location & number of all water wells within 1 mile radius	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	h. Number and volume of Underground Storage Tanks (USTs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. UST(s) construction material and type of leak detection	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	j. UST(s) past and present contents	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	k. Copy of most recent Tank Tightness Test (TTT) results and inventory records for the prior calendar year	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	l. UST(s) age along with installation dates	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	m. Description of all site work completed to date	<input type="checkbox"/>	<input type="checkbox"/>

2. RELEASE INCIDENT DESCRIPTION

<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Date incident was reported to IDEM	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Release incident number assigned by IDEM	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Regulated substance(s) released	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Quantity of regulated substance(s) lost	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. Affected area description	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. Health & environmental risks associated with the spill incident	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. INITIAL RESPONSE TO RELEASE

<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Detailed description of immediate actions taken to prevent any further release	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Measures taken to prevent migration	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Actions taken to mitigate fire and explosion hazards	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Actions to investigate the presence of free product	<input type="checkbox"/>	<input type="checkbox"/>

S	N	4. FREE PRODUCT RECOVERY INFORMATION <i>(Fill out only if free product is present during investigation)</i>	I	A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Name of person(s) responsible for Free Product removal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Estimated quantity, type and thickness of Free Product	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Description of recovery methods and/or system	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Copies of all permits for handling, discharging, & disposal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Final disposition of free product	<input type="checkbox"/>	<input type="checkbox"/>
5. REGIONAL INVESTIGATIONS				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Types of Bedrock	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Soil series description (USDA, soil conservation service)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. List of soil, geological, and hydrogeological references used	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Maps with topographic base with 10 foot contour intervals	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. Location and depth of high capacity wells within 2 mile radius	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. Location and depth of smaller capacity wells within 1 mile radius	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. Site location, other facilities and land use within the immediate area (all four cardinal directions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	h. Nearest surface water bodies	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. SITE SPECIFIC INVESTIGATIONS				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Minimum of three (3) soil borings (continuously screened and sampled per IDEM guidance)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Boring locations, accurately field surveyed with a horizontal closure of less than one (1) foot error	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Site soil stratigraphy identification	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Boring logs with USDA textures, gas/vapor readings, etc. using a like scale	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. Depth to ground water	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	f. Ground water flow direction(s) and gradients established by three (3) locations not in a straight line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	g. Minimum of three ground water samples collected and analyzed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	h. Monitoring wells surveyed to a temporary benchmark	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Monitoring well construction records submitted with the same scale and per IDNR rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	j. Maps illustrating legends and compass directions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	k. Maps with topographic base & appropriate contour intervals	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	l. Maps identifying above ground features (including buildings, roadways, man ways, pump islands, and property lines)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	m. Maps identifying below ground features and preferential pathways	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	n. Maps with soil boring / monitoring well locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	o. Maps with sampling locations, depth and concentrations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	p. Horizontal and vertical contaminant plume identification	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	q. Geologic cross sections illustrating the vertical plume extent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. SAMPLING METHODS AND DOCUMENTATION				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Proper test methods and detection limits used for COC's	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Analytical data sheets provided	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Chain of custody forms were completed, signed, and submitted	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. IDEM's Minimum Data Documentation Requirements (MDDR's) met	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Full QA/QC (if submitting data for site characterization approval)	<input type="checkbox"/>	<input type="checkbox"/>
8. RESULTS & CONCLUSIONS				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Discussion of results and conclusions of the data collected	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Field and lab results presented in a tabular format	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. RECOMMENDATIONS				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Further Site Investigation (FSI) work plan submitted with ISC	<input type="checkbox"/>	<input checked="" type="checkbox"/>

C. ENVIRONMENTAL PROFESSIONAL COMMENTS REGARDING INFORMATION NOT SUBMITTED AS REQUIRED

- Tanks have not been in use since 2011, hence no tank tightness documentation.
- No free product encountered. No active product leaking conditions exist.
- Groundwater was encountered in only one boring.
- No permanent monitoring wells installed (only one piezometer installed to facilitate collection of groundwater sample). No surveying completed.

D. CERTIFICATION OF REPORT COMPLETION

I, the undersigned environmental professional, hereby attest to the best of my knowledge and belief that the statements in this document and all attachments are true, accurate, and completed per 329 IAC 9-5-5.1. I certify that the report was submitted to the IDEM Leaking Underground Storage Tank Section on the date listed below.

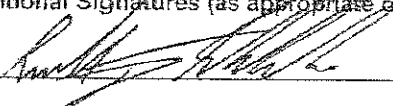
Name	Position	Company	Date
Matthew D. Sedor, LPG	Project Manager	Golars, LLC	12/19/2016

Environmental Professional Credentials: Licensed Professional Geologist IN2410

Matthew D. Sedor 12/19/16 (signature and date)

Please note, per 329 IAC 9, this document must be signed by a Registered Professional Engineer, a Licensed Professional Geologist, a Certified Hazardous Materials Manager, or a Professional Soil Scientist. All must be specifically certified in the State of Indiana.

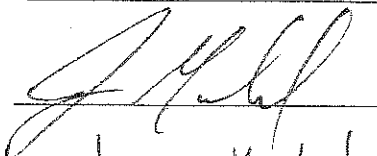
Additional Signatures (as appropriate or desired)

 12-19-16 (signature and date)

Russell J. Schiukebir December 19, 2016 (printed name and date)

E. THIS SECTION TO BE COMPLETED AND RETURNED TO THE OWNER BY THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT UPON

Your ISC Report (VFC Document # _____) is substantially complete and accurate	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Your Site Characterization is:	<input type="checkbox"/> APPROVED	<input checked="" type="checkbox"/> DENIED
Your Further Site Investigation work plan is :	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED

 (IDEM PM signature and date)
Jason Murdoch (IDEM PM printed name and date)

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Product & Tracking Information

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February 7, 2017 , 10:15 am

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BEDFORD, IN 47421

Your item was delivered at 10:15 am on February 7, 2017 in BEDFORD, IN 47421.

February 6, 2017 , 10:28 am

Available for Pickup

BEDFORD, IN 47421

Available Actions

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Tracking (or receipt) number

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

11931

1392 67-18
Mr. Perry Mullis
Mullis Petroleum
1001 J Street
Bedford IN 47421

2. Article Number (Transfer from service label)

7016 2140 0000 9305 6039

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

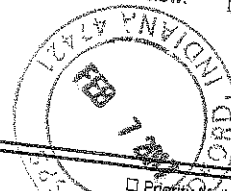
X *Perry Mullis*
B. Received by (Printed Name)

☐ Agent
☐ Addressee

C. Date of Delivery

2-7-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type

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